



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/960,715
Filing Date	September 21, 2001
First Named Inventor	Larry Routhenstein
Art Unit	2876
Examiner Name	April Alicia Taylor
Attorney Docket Number	PRIVP002.US01
Total Number of Pages in This Submission	

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> PART B Fee(s) Transmittal <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Part B Fees Transmittal and 1 copy; 2. Universal POA; 3. Statement Under 37 CFR 3.73(b), and 4. Check for fees, and 4. Postcard		
<table border="1"> <tr> <td>Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account <u>50-3539</u></td> </tr> </table>			Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account <u>50-3539</u>
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account <u>50-3539</u>			
The enclosed is in response to the Notice of Allowance & Fees Due mailed December 12, 2006, for the above-application.				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	TIPS Group		
Signature			
Printed name	Paul L. Hickman		
Date	February <u>1</u> , 2007	Reg. No.	28,516

CERTIFICATE OF (FAX)TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited via facsimile Transmission to: deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Paul L. Hickman	Date	February <u>1</u> , 2007